

GENERAL INFORMATION

Please fill out ALL the information requested in these forms. If a question or section does NOT apply to you, write "N / A" in the space. (N / A means "not applicable.") The more information you provide in these forms, the faster your bankruptcy petition can be prepared. There will be a delay if we need to verify or obtain more information concerning a specific asset, debt or creditor; so please provide as much detail as you can and fill in ALL the information requested on these forms. Thank you for taking the time to be thorough and complete, resulting in a faster turnaround.

YOUR NAME, First Nakia	Middle (spell out) Jerrime	Last Bedward
Social Security Number 076608232		Date of Birth 10/22/1974
Street Address 1917 Glenwilton Drive		
City Richmond	State VA	Zip 23223
County of Residence Henrico	Length of Time at This Address 6 years	
Daytime Phone 347-988-6910	Evening Phone	Mobile Phone 347-988-6910
Email Address jerrime12@gmail.com		

MAILING ADDRESS - If you would like any correspondence by the bankruptcy court to be sent to a different mailing address than the physical address you provided above (i.e., PO Box, etc.), please provide that address below:

INFORMATION ABOUT YOUR SPOUSE		
SPOUSE'S NAME, First n/a	Middle (spell out)	Last
Social Security Number	Date of Birth APR 22 2020	FILED
Address (if living separately)		CLERK U.S. BANKRUPTCY COURT
City	State	Zip

Have you resided in the same county for at least 180 days (six (6) months)? ☒ Yes ☐ No

If not, where have you resided? _____

Are you filing this bankruptcy petition jointly with your spouse? ☐ Yes ☒ No

If "No", please select one: ☒ Unmarried ☐ Spouse Filing Separately ☐ Other Reason

If your spouse is not filing with you, does your spouse live in a different household? ☐ Yes ☒ No

Have you filed bankruptcy within the last eight (8) years? ☐ Yes ☒ No

If "Yes", provide date(s): _____

Have you met the Debt Counseling requirement for your state? (Please check one of the choices below)

☒ Counseling NOT Completed ☐ Received Counseling Within the past 180 Days
☐ Request Waiver ☐ Does Not Apply to My District

DATE COMPLETED _____

CURRENT AND HISTORICAL INCOME FOR YOU

Your Name as listed on your current paycheck stub Nakia J Bedward

Date of Last Paycheck 03/19/2020

Date of Next Paycheck 03/26/2020

Year-to-Date Total for this current year \$ 18,010.48

VERY IMPORTANT! Gross Income last year \$ 26,458.83 Gross Income 2 Yrs Ago \$ 0.00

Employer's Name Tyson Sales and Distribution, Inc.

Address P.O. Box 2020

City Springdale

State AR

Zip 72765

Telephone Number 800-933-6442

Length of Time at This Job? Years 0 Months 10

Job Title (do not abbreviate) truck driver

How often do you get paid? (check one)

☐ Every Week ☐ Bi-Weekly (sometimes I get paid 3 times a month)

☐ Once a Month ☐ semi-monthly (on the same 2 days of each month)

What is your "average" gross wage before deductions? \$ 1419.00

"Average" amount of extra money you receive in overtime/commissions per pay period \$ 0.00

Total amount of taxes deducted (FICA, Federal, State, Local) from your paycheck \$ 367.12

What is the total amount deducted from your paycheck for insurance? \$ 130.26

What is the total amount deducted from your paycheck for Union Dues? \$ 0

Amount you pay in Alimony AND Child Support (if any) \$ 192.94

Are you court ordered to pay this? ☒ Yes ☐ No

Are there any other deductions from your paycheck? ☒ Yes ☐ No If so, how much? \$ 92.49

What is this "other" deduction for? employee stock pur If 401k, how long have you participated? 7 months

How much additional income do you make monthly from a business, ebay, flea market etc? \$ 0

Monthly Income from real property (rentals) \$ 0 Monthly Interests and Dividends \$ 0

Monthly Alimony or Child Support received \$ 0 Monthly Social Security \$ 0

Monthly Government Assistance \$ 0 Monthly Food Stamps \$ 0

Monthly Public Assistance \$ 0 Monthly Pension or Retirement \$ 0

Other Income (Reason and amount received monthly)? n/a \$ 0

Do you expect your income to change in the next 1 year? Explain: yes, due to annual raise

Do you have a second job? ☐ Yes ☒ No If yes, name of employer: _____

Address _____

City _____

State _____

Zip _____

Telephone Number _____ Length of Time at this Job: Years _____ Months _____

Job Title (do not abbreviate) _____

How often do you get paid? (check one)

☐ Every Week ☐ Bi-Weekly (sometimes I get paid 3 times a month)

☐ Once a Month ☐ semi-monthly (on the same 2 days of each month)

What is your "average" gross wage before deductions? \$ _____

Year-to-Date Income: \$ _____ Income Last year: \$ _____ Income 2 Yrs Ago: \$ _____

Do you receive income from a home-based business? ☐ Yes ☐ No How much per month? \$ _____

CURRENT AND HISTORICAL INCOME FOR YOUR SPOUSE

Your Name as listed on your current paycheck stub _____

Date of Last Paycheck _____ Date of Next Paycheck _____

Year-to-Date Total for this current year \$ _____

VERY IMPORTANT! Gross Income last year \$ _____ Gross Income 2 Yrs Ago \$ _____

Employer's Name _____

Address _____

City _____ State _____ Zip _____

Telephone Number _____

Length of Time at This Job? Years _____ Months _____

Job Title (do not abbreviate) _____

How often do you get paid? (check one)

☐ Every Week ☐ Bi-Weekly (sometimes I get paid 3 times a month)

☐ Once a Month ☒ semi-monthly (on the same 2 days of each month)

What is your "average" gross wage before deductions? \$ _____

"Average" amount of extra money you receive in overtime/commissions per pay period \$ _____

Total amount of taxes deducted (FICA, Federal, State, Local) from your paycheck \$ _____

What is the total amount deducted from your paycheck for insurance? \$ _____

What is the total amount deducted from your paycheck for Union Dues? \$ _____

Amount you pay in Alimony AND Child Support (if any) \$ _____

Are you court ordered to pay this? ☐ Yes ☒ No

Are there any other deductions from your paycheck? ☒ Yes ☐ No If so, how much? \$ _____

What is this "other" deduction for? _____ If 401k, how long have you participated? _____

How much additional income do you make monthly from a business, ebay, flea market etc? \$ _____

Monthly Income from real property (rentals) \$ _____ Monthly Interests and Dividends \$ _____

Monthly Alimony or Child Support received \$ _____ Monthly Social Security \$ _____

Monthly Government Assistance \$ _____ Monthly Food Stamps \$ _____

Monthly Public Assistance \$ _____ Monthly Pension or Retirement \$ _____

Other Income (Reason and amount received monthly)? \$ _____

Do you expect your income to change in the next 1 year? Explain: _____

Do you have a second job? ☐ Yes ☒ No If yes, name of employer: _____

Address _____

City _____ State _____ Zip _____

Telephone Number _____ Length of Time at this Job: Years _____ Months _____

Job Title (do not abbreviate) _____

How often do you get paid? (check one)

☐ Every Week ☐ Bi-Weekly (sometimes I get paid 3 times a month)

☐ Once a Month ☐ semi-monthly (on the same 2 days of each month)

What is your "average" gross wage before deductions? \$ _____

Year-to-Date Income: \$ _____ Income Last year: \$ _____ Income 2 Yrs Ago: \$ _____

Do you receive income from a home-based business? ☐ Yes ☐ No How much per month? \$ _____

SELF-EMPLOYED BUSINESS OWNERS - PROFIT AND LOSS (P&L)

If you have been self-employed during the past six (6) months, please list below the normal income and expenses your business generated for an average month. If you did not have an average monthly income due to extreme highs and lows in your business, estimate your total yearly income and divide by 12 to get the average monthly income. Use the same method of determining your average monthly expenses and enter those figures into the spaces below:

Gross Income for 12 Months Prior to Filing \$ _____
Estimated Average Future Gross Monthly Income \$ _____

Net Payroll (Other than Self) \$ _____
Payroll Taxes \$ _____
Unemployment Taxes \$ _____
Workers Compensation \$ _____
Other Taxes \$ _____
Inventory Purchases \$ _____
Purchase of Feed/Fertilizer/etc. \$ _____
Rent (Other than Your Residence) \$ _____
Utilities \$ _____
Office Expenses and Supplies \$ _____
Repairs and Maintenance \$ _____
Vehicle Expenses \$ _____
Travel and Entertainment \$ _____
Equipment Rental and Leases \$ _____
Legal/Accounting/Professional Fees \$ _____
Insurance \$ _____
Employee Benefits \$ _____
Other \$ _____
Other \$ _____
Other \$ _____
Other \$ _____

Did you withhold any earnings for tax purposes? ☐ Yes ☐ No

If yes, how much did you withhold monthly? \$ _____

Total Monthly Income \$ _____

Total Monthly Expenses \$ _____

Business Profit \$ _____

Did you file income taxes for the years you operated your business? ☐ Yes ☐ No

If not, what years did you NOT file taxes? _____

INFORMATION FOR MEANS TEST

☐ Means Test does NOT apply. Debtor(s) is a disabled veteran with debts incurred primarily during active duty or homeland defense.

Name	Age	Relationship to You	Is this Person / Child Living with You, and / or Claimed on your Taxes?
1. n/a			
2.			
3.			
4.			
5.			
6.			

INCOME FOR LAST SIX MONTHS

Provide the total amount of earned income (from all sources) that you received for the current month and last five (5) months - totaling six (6) months of income. DO NOT DEDUCT TAXES. The income you report below is NOT TAKE-HOME PAY but the TOTAL INCOME YOU ACTUALLY EARNED BEFORE TAXES WERE DEDUCTED.

HUSBAND: Wages, salaries, tips, bonuses, overtime and commissions:

Month: October 201	Month: November 201	Month: December 201	Month: January 2020	Month: February 2020	Month: March
4615.13	3966.52	3797.82	5648.63	6717.98	6175.04

WIFE: Wages, salaries, tips, bonuses, overtime and commissions:

Month:	Month:	Month:	Month:	Month:	Month:

HUSBAND: Income from operation of business, profession or farm:

Month:	Month:	Month:	Month:	Month:	Month:

WIFE: Income from operation of business, profession or farm:

Month:	Month:	Month:	Month:	Month:	Month:

HUSBAND: Rents and other property income (not rent you paid, but rents paid to you):

Month:	Month:	Month:	Month:	Month:	Month:

CONTINUED ON NEXT PAGE

INFORMATION FOR MEANS TEST CONTINUED

WIFE: Rents and other property income (not rent you paid, but rents paid to you):

Month:	Month:	Month	Month	Month	Month

HUSBAND: Interest income, dividends and royalties:

Month:	Month:	Month	Month	Month	Month

WIFE: Interest income, dividends and royalties:

Month:	Month:	Month	Month	Month	Month

HUSBAND: Pension and retirement income:

Month:	Month:		Month:	Month	Month

WIFE: Pension and retirement income:

Month:	Month:	Month	Month:	Month	Month

HUSBAND: Income received from others who are not filing bankruptcy with you who contribute money to the household expenses:

Month:	Month:	Month	Month	Month	Month

WIFE: Income received from others who are not filing bankruptcy with you who contribute money to the household expenses:

Month:	Month:	Month	Month	Month	Month

HUSBAND: Unemployment compensation:

Month:	Month:	Month	Month	Month	Month

WIFE: Unemployment compensation:

Month:	Month:	Month	Month	Month	Month

CONTINUED ON NEXT PAGE

no.

MONTHLY BUDGET

This form is necessary to determine how much you spend each month on living expenses. Be sure to write in the MONTHLY (not yearly) amounts in the spaces below each expenditure. For utilities, your bill may be higher in the winter than in the summer, so write an amount that is "average" covering the whole twelve (12) month period.

Housing Expenses

Rent (If You Don't Own Your Home) \$850.00
 First Mortgage Payment or
 Mobile Home Monthly Payment \$
 Second Mortgage (If Applicable) \$
 Third Mortgage (If Applicable) \$
 Lot Payment (If Applicable) \$
 Are Real Estate Taxes Included in
 Your Mortgage Payment? ☐ Yes ☒ No
 Taxes Not Included in House Payment \$
 Is Your Homeowner's Insurance Included
 in Your Mortgage Payment? ☐ Yes ☒ No
 Insurance Not Included in House Payment \$

Utilities (Normal Monthly Average)

Electricity and Gas \$92.00
 Water \$18.00
 Telephone: Home Phone \$56.00
 Telephone: Cellular / Mobile \$190.00
 Trash Pick-up \$18.00

Basic Needs

Home Maintenance (If You Own a Home) \$
 Food (Monthly) \$150.00
 Clothing (Monthly Expense) \$450.00
 Laundry, Dry Cleaning, Soap, Etc. \$65.00
 Medical Expenses Not Paid by Insurance \$265.00

Transportation

Gasoline / Auto Maintenance \$120.00
 Recreation / Entertainment \$80.00
 Charitable Giving (If Claimed on Taxes) \$

Insurance

Renters Insurance \$
 Life Insurance (Other than Employer) \$85.00
 Health Insurance (Other than Employer) \$
 Automobile Insurance \$
 Other Insurance \$

Taxes

Are any other taxes deducted from your wages? ☐ Yes ☒ No
 Other Taxes \$

Other Expenses

Alimony and/or Child Support \$769.20
 Payments for Someone Outside
 Your Home \$0
 Union Dues \$0
 Internet Access \$75.00
 Cable/Satellite TV \$42.00
 Professional Dues (Not Payroll Deducted) \$0
 Child Care Expenses \$0
 Babysitter/Day Care Expenses \$0
 School Expenses \$0
 School Lunch Expenses \$0
 College Tuition (Not Loans) \$0
 Student Loan Repayment \$0
 Newspapers, Books, Magazines \$20.00
 Personal Care Items \$200.00
 Home Security Monitoring \$80.00
 Other satellite radio \$49.95
 Other \$
 Other \$

Use the space below to describe any additional monthly expenses that you must pay out of your pocket that are not covered here. Explain the type of expense, amount of expense and how long you will continue to have this expense:

Do you expect your budget to change in the next 1 year? Explain: no.

**NOTICE: IF YOU OWN A MOBILE HOME,
PLEASE FILL OUT THE NEXT PAGE**

YOUR REAL ESTATE

☐ Check this box if you have a homestead exemption that exceeds \$125,000.00

USE SEPARATE PAGES FOR EVERY SEPARATE PIECE OF REAL ESTATE THAT YOU OWN.

Check the type of real estate you own: ☐ House ☐ Condominium ☐ Vacant Lot ☐ Other

Name(s) on Deed n/a

Address of Real Estate _____

Description of Real Estate: (example: 1,250 square foot home with 2 bedrooms, 2 baths, attached 2-car garage situated on 2 acres of ground with outbuildings) _____

Name of Mortgage Company _____

Address _____

City _____ State _____ Zip _____

Account Number _____ Date obtained this mortgage _____

What are the monthly payments? \$ _____ What is the payoff amount? \$ _____

Are you behind on payments? ☐ Yes ☒ No If so, which months? _____

Does payment include taxes? ☐ Yes ☒ No Does payment include insurance? ☐ Yes ☒ No

What interest rate do you pay? _____ % Amount to catch up back payments? \$ _____

What year was your real estate last appraised? _____ What was the appraised value? \$ _____

Do you have a 2nd mortgage on the real estate? ☐ Yes ☒ No Intention: ☒ Keep ☐ Surrender

SECOND (2nd) MORTGAGE INFORMATION (IF APPLICABLE)

Name of Mortgage Company _____

Address _____

City _____ State _____ Zip _____

Account Number _____ Date obtained this mortgage _____

What are the monthly payments? \$ _____ What is the pay-off amount? \$ _____

Are you behind on payments? ☐ Yes ☒ No If so, which months? _____

What interest rate do you pay? _____ % Amount to catch up back payments? \$ _____

COLLECTOR INFORMATION (IF APPLICABLE)

Name of Collector or Attorney _____

Address _____

City _____ State _____ Zip _____

Is this real estate in the process of foreclosure or replevin action?

☐ Yes ☒ No

If in collection, please provide a copy of the court documents you were served.

☐ Check this box if you have a homestead exemption that exceeds \$125,000.00

YOUR MOBILE HOME

PRINT OUT ADDITIONAL PAGES FOR EVERY MOBILE HOMES THAT YOU OWN.

Name(s) on title n/a _____

Address of mobile home _____

Are the wheels completely removed and the mobile home attached to the ground? ☐ Yes ☐ No

Does the home sit in a mobile home park? ☐ Yes ☐ No What is the monthly lot rent? \$ _____

Does your mobile home sit on a piece of ground you own? ☐ Yes ☐ No Size of lot _____

Do you make separate payments for the ground your mobile home sits on? ☐ Yes ☐ No

If so, explain: _____

If you own the ground free and clear, what is the resale value for this piece of ground? \$ _____

Description of Mobile Home: (example: 28x40 double-wide, 2 bedrooms, 1 bath, on wheels with skirting and steps and 1 outbuilding shed, situated in mobile home park.) _____

Name of Mortgage Company _____

Address _____

City _____ State _____ Zip _____

Account Number _____ Date obtained this mortgage _____

What are the monthly payments? \$ _____ What is the pay-off amount? \$ _____

Are you behind on payments? ☐ Yes ☐ No If so, which months? _____

What interest rate do you pay? _____ % Amount to catch up back payments? \$ _____

What year was your mobile home last appraised? _____ What was the appraised value? \$ _____

Do you have a 2nd mortgage on this mobile home? ☐ Yes ☐ No Intention: ☐ Keep ☐ Surrender

Name of Mortgage Company _____

Address _____

City _____ State _____ Zip _____

Account Number _____ Date obtained this mortgage _____

What are the monthly payments? \$ _____ What is the pay-off amount? \$ _____

Are you behind on payments? ☐ Yes ☐ No If so, which months? _____

What interest rate do you pay? _____ % Amount to catch up back payments? \$ _____

Name of Collector or Attorney _____

Address _____

City _____ State _____ Zip _____

Is this real estate in the process of foreclosure or replevin action? ☐ Yes ☐ No

If in collection, please provide a copy of the court documents you were served.

Please check the items below that you currently have in your home. Bolded items are most common. Then, provide the “Yard Sale” VALUE of each item

“Yard Sale” Value

- | | |
|---|----|
| <input type="checkbox"/> Paintings/Art | \$ |
| Describe item(s): _____ | |
| <input type="checkbox"/> Carpenter Tools | \$ |
| Describe item(s): _____ | |
| <input type="checkbox"/> Mechanic Tools | \$ |
| Describe item(s): Misc hand tools _____ | |
| <input type="checkbox"/> Guns and Firearms | \$ |
| Describe item(s): _____ | |
| <input type="checkbox"/> Lawnmower | \$ |
| <input type="checkbox"/> Boats | \$ |
| <input type="checkbox"/> Trailers | \$ |
| <input type="checkbox"/> Campers | \$ |
| <input type="checkbox"/> Yard Tools/Equipment | \$ |
| <input type="checkbox"/> Swimming Pool | \$ |

- [illegible]

- | | |
|---|------------------|
| <input type="checkbox"/> Photography Equipment | \$ 120.00 |
| <input type="checkbox"/> All Clothing | \$ 360 |
| <input type="checkbox"/> Collectibles | \$ |
| Describe Item(s): | |

INVENTORY OF FINANCIAL ACCOUNTS

List all financial accounts, including checking, savings, 401k or other Retirement, PayPal, etc. Make copies of this page if you have more accounts to report.

Name of Bank navy federal credit union
Address of Branch 5445 Glenside drive
City richmond State va Zip 23228
Type of Account: ☒ Checking ☐ Savings ☐ 401k ☐ Other (list type) _____
Name(s) on Account nakia bedward
Account Number 7091811211 Current Balance \$ 284.58

Name of Bank navy federal credit union
Address of Branch 5445 Glenside drive
City richmond State va Zip 23228
Type of Account: ☒ Checking ☐ Savings ☐ 401k ☐ Other (list type) _____
Name(s) on Account nakia bedward and sakina bogan
Account Number 3002749335 Current Balance \$ 0.71

Name of Bank virginia credit union
Address of Branch 5285 S.Llaburnum drive
City richmond State va Zip 23231
Type of Account: ☒ Checking ☐ Savings ☐ 401k ☐ Other (list type) _____
Name(s) on Account nakia j bedward
Account Number 5005266324 Current Balance \$ 36.00

Name of Bank _____
Address of Branch _____
City _____ State _____ Zip _____
Type of Account: ☐ Checking ☐ Savings ☐ 401k ☐ Other (list type) _____
Name(s) on Account _____
Account Number _____ Current Balance \$ _____

Name of Bank _____
Address of Branch _____
City _____ State _____ Zip _____
Type of Account: ☐ Checking ☐ Savings ☐ 401k ☐ Other (list type) _____
Name(s) on Account _____
Account Number _____ Current Balance \$ _____

NOTES: _____

INVENTORY OF FINANCIAL ACCOUNTS CONTINUED

List all financial accounts, including checking, savings, 401k or other Retirement, PayPal, etc. Make copies of this page if you have more accounts to report.

Name of Bank _____
Address of Branch _____
City _____ State _____ Zip _____
Type of Account: ☐ Checking ☐ Savings ☐ 401k ☐ Other (list type) _____
Name(s) on Account _____
Account Number _____ Current Balance \$ _____

Name of Bank _____
Address of Branch _____
City _____ State _____ Zip _____
Type of Account: ☐ Checking ☐ Savings ☐ 401k ☐ Other (list type) _____
Name(s) on Account _____
Account Number _____ Current Balance \$ _____

Name of Bank _____
Address of Branch _____
City _____ State _____ Zip _____
Type of Account: ☐ Checking ☐ Savings ☐ 401k ☐ Other (list type) _____
Name(s) on Account _____
Account Number _____ Current Balance \$ _____

Name of Bank _____
Address of Branch _____
City _____ State _____ Zip _____
Type of Account: ☐ Checking ☐ Savings ☐ 401k ☐ Other (list type) _____
Name(s) on Account _____
Account Number _____ Current Balance \$ _____

Name of Bank _____
Address of Branch _____
City _____ State _____ Zip _____
Type of Account: ☐ Checking ☐ Savings ☐ 401k ☐ Other (list type) _____
Name(s) on Account _____
Account Number _____ Current Balance \$ _____

NOTES: _____

YOUR MOTOR VEHICLES

Motor vehicles include cars, trucks, SUV's, motorcycles, four wheelers/ATV's, motor homes, boats, trailers, campers, tractors, airplanes, etc., that are titled in your name or your spouse's name

Print more sheets if you own more than four (4) vehicles.

Type: ☐ Automobile ☐ Truck ☐ Motorcycle ☐ Mobile Home (title only) ☐ Other: _____

Year _____ Make _____ Model _____ Style _____ ☐ 2 dr ☐ 4 dr ☐ Other

Vehicle Identification Number (VIN #) - *VERY IMPORTANT* _____

If vehicle is a truck, check all that apply: ☐ Long Bed ☐ Short bed ☐ 4 Wheel Drive

☐ 1/2 Ton ☐ 3/4 Ton ☐ Standard Cab ☐ Ext Cab ☐ Quad Cab ☐ Crew Cab (4 reg doors)

Condition: ☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Not Running Mileage _____

Engine: ☐ 4 Cylinder ☐ 6 Cylinder ☐ 8 Cylinder Liters: _____

Transmission: ☐ Automatic ☐ Manual (4-speed, 5-speed, etc.) KBB Value _____

Name(s) on vehicle title? _____

Is vehicle leased? ☐ Yes ☒ No If yes, what is the "buy out" on the lease? \$ _____

Name of company you make payments to for this vehicle: _____

Address _____

City _____ State _____ Zip _____

Account Number _____ Date loan established _____

Monthly payment? \$ _____ How many months are you behind on payments? _____

What is the pay-off amount on this vehicle? \$ _____ Check one: ☒ Keep ☐ Surrender

Interest rate of auto loan: _____ % Month and year this will be paid off: _____

Have you listed this vehicle as collateral for a title loan / quick loan / personal loan? ☐ Yes ☒ No

If so, name and address of loan company for personal loan: _____

Type: ☒ Automobile ☐ Truck ☐ Motorcycle ☐ Mobile Home (title only) ☐ Other: _____

Year _____ Make _____ Model _____ Style _____ ☐ 2 dr ☐ 4 dr ☒ Other

Vehicle Identification Number (VIN #) - *VERY IMPORTANT* _____

If vehicle is a truck, check all that apply: ☐ Long Bed ☐ Short bed ☒ 4 Wheel Drive

☒ 1/2 Ton ☐ 3/4 Ton ☐ Standard Cab ☐ Ext Cab ☐ Quad Cab ☐ Crew Cab (4 reg doors)

Condition: ☐ Excellent ☐ Good ☒ Fair ☐ Poor ☐ Not Running Mileage _____

Engine: ☒ 4 Cylinder ☐ 6 Cylinder ☐ 8 Cylinder Liters: _____

Transmission: ☐ Automatic ☒ Manual (4-speed, 5-speed, etc.) KBB VALUE _____

Name(s) on vehicle title? _____

Is vehicle leased? ☐ Yes ☒ No If yes, what is the "buy out" on the lease? \$ _____

Name of company you make payments to for this vehicle: _____

Address _____

City _____ State _____ Zip _____

Account Number _____ Date loan established _____

Monthly payment? \$ _____ How many months are you behind on payments? 0

What is the pay-off amount on this vehicle? \$ _____ Check one: ☒ Keep ☐ Surrender

Interest rate of auto loan: _____ % Month and year this will be paid off: _____

Have you listed this vehicle as collateral for a title loan / quick loan / personal loan? ☐ Yes ☒ No

If so, name of loan company for personal loan: _____

YOUR MOTOR VEHICLES CONTINUED

Motor vehicles include cars, trucks, SUV's, motorcycles, four wheelers/ATV's, motor homes, boats, trailers, campers, tractors, airplanes, etc., that are titled in your name or your spouse's name

Print more sheets if you own more than four (4) vehicles.

Type: ☐ Automobile ☐ Truck ☐ Motorcycle ☐ Mobile Home (title only) ☐ Other: _____

Year _____ Make _____ Model _____ Style _____ ☐ 2 dr ☐ 4 dr ☐ Other

Vehicle Identification Number (VIN #) - VERY IMPORTANT _____

If vehicle is a truck, check all that apply: ☐ Long Bed ☐ Short bed ☐ 4 Wheel Drive

☐ 1/2 Ton ☐ 3/4 Ton ☐ Standard Cab ☐ Ext Cab ☐ Quad Cab ☐ Crew Cab (4 reg. doors)

Condition: ☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Not Running Mileage _____

Engine: ☐ 4 Cylinder ☐ 6 Cylinder ☐ 8 Cylinder Liters: _____

Transmission: ☐ Automatic ☐ Manual (4-speed, 5-speed, etc.) KBB VALUE _____

Name(s) on vehicle title? _____

Is vehicle leased? ☐ Yes ☐ No If yes, what is the "buy out" on the lease? \$ _____

Name of company you make payments to for this vehicle: _____

Address _____

City _____ State _____ Zip _____

Account Number _____ Date loan established _____

Monthly payment? \$ _____ How many months are you behind on payments? _____

What is the pay-off amount on this vehicle? \$ _____ Check one: ☐ Keep ☐ Surrender

Interest rate of auto loan: _____ % Month and year this will be paid off: _____

Have you listed this vehicle as collateral for a title loan / quick loan / personal loan? ☐ Yes ☐ No

If so, name of loan company for personal loan: _____

Type: ☐ Automobile ☐ Truck ☐ Motorcycle ☐ Mobile Home (title only) ☐ Other: _____

Year _____ Make _____ Model _____ Style _____ ☐ 2 dr ☐ 4 dr ☐ Other

Vehicle Identification Number (VIN #) - VERY IMPORTANT _____

If vehicle is a truck, check all that apply: ☐ Long Bed ☐ Short bed ☐ 4 Wheel Drive

☐ 1/2 Ton ☐ 3/4 Ton ☐ Standard Cab ☐ Ext Cab ☐ Quad Cab ☐ Crew Cab (4 reg doors)

Condition: ☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Not Running Mileage _____

Engine: ☐ 4 Cylinder ☐ 6 Cylinder ☐ 8 Cylinder Liters: _____

Transmission: ☐ Automatic ☐ Manual (4-speed, 5-speed, etc.) KBB VALUE _____

Name(s) on vehicle title? _____

Is vehicle leased? ☐ Yes ☐ No If yes, what is the "buy out" on the lease? \$ _____

Name of company you make payments to for this vehicle: _____

Address _____

City _____ State _____ Zip _____

Account Number _____ Date loan established _____

Monthly payment? \$ _____ How many months are you behind on payments? _____

What is the pay-off amount on this vehicle? \$ _____ Check one: ☐ Keep ☐ Surrender

Interest rate of auto loan: _____ % Month and year this will be paid off: _____

Have you listed this vehicle as collateral for a title loan / quick loan / personal loan? ☐ Yes ☐ No

If so, name of loan company for personal loan: _____

DEBT SHEET (1 OF 5)

- COPY MORE PAGES IF YOU HAVE MORE THAN 15 TOTAL DEBTS
- LIST ALL DEBTS, NOT JUST DEBTS YOU WANT TO LIST...EVEN LOANS FROM RELATIVES

Name of Creditor KOOL Smiles

Address 5002 Airport Road NW #30

City Roanoke

State VA

Zip 24012

Total amount you owe on this debt \$79.00

Account Number

Month and year you originally obtained this debt or established credit June 2019

If this debt is for a credit card, what month and year did you last make a purchase?

What is this debt for? ☒ Medical ☐ Credit Card ☐ Loan ☐ Other

Who is financially responsible for this debt? ☒ Husband ☐ Wife ☐ Both ☐ Other

Has this debt been turned over to a collection agency?

☒ Yes ☐ No

Name of collection agency or law firm I.C. System, Inc.

Address PO Box 64378

City Saint Paul

State MN

Zip 55164

Name of Creditor American Express

Address PO Box 981537

City El Paso

State TX

Zip 79998

Total amount you owe on this debt \$5783.00

Account Number

Month and year you originally obtained this debt or established credit December 2017

If this debt is for a credit card, what month and year did you last make a purchase? April 2018

What is this debt for? ☐ Medical ☒ Credit Card ☐ Loan ☐ Other

Who is financially responsible for this debt? ☒ Husband ☐ Wife ☐ Both ☐ Other

Has this debt been turned over to a collection agency?

☐ Yes ☒ No

Name of collection agency or law firm

Address

City

State

Zip

Name of Creditor Cox Communications

Address PO Box 53249

City Pheonix

State AZ

Zip 85072

Total amount you owe on this debt \$93.21

Account Number 035020809001

Month and year you originally obtained this debt or established credit January 2018

If this debt is for a credit card, what month and year did you last make a purchase?

What is this debt for? ☐ Medical ☐ Credit Card ☐ Loan ☒ Other cable television

Who is financially responsible for this debt? ☒ Husband ☐ Wife ☐ Both ☐ Other

Has this debt been turned over to a collection agency?

☒ Yes ☐ No

Name of collection agency or law firm RGS Financial

Address 1700 Jay Ell Drive #200

City Richardson

State TX75081

Zip

DEBT SHEET (1 OF 5)

- COPY MORE PAGES IF YOU HAVE MORE THAN 15 TOTAL DEBTS
- LIST ALL DEBTS, NOT JUST DEBTS YOU WANT TO LIST...EVEN LOANS FROM RELATIVES

Name of Creditor capital one/walmart

Address 15000 capital one drive

City richmond

State va

Zip 23238

Total amount you owe on this debt \$804 **Account Number** _____

Month and year you originally obtained this debt or established credit august 2016

If this debt is for a credit card, what month and year did you last make a purchase? june 2019

What is this debt for? ☐ Medical ☒ Credit Card ☐ Loan ☐ Other _____

Who is financially responsible for this debt? ☐ Husband ☐ Wife ☐ Both ☒ Other friend

Has this debt been turned over to a collection agency?

☒ Yes ☐ No

Name of collection agency or law firm capital one

Address P.O. Box 965024

City Orlando

State FL

Zip 32896

Name of Creditor verizon

Address p.o. box 489

City newark

State nj

Zip 07101-0489

Total amount you owe on this debt \$1,087.77 **Account Number** 589232847-00001

Month and year you originally obtained this debt or established credit july 2019

If this debt is for a credit card, what month and year did you last make a purchase? _____

What is this debt for? ☐ Medical ☐ Credit Card ☐ Loan ☒ Other mobile phone

Who is financially responsible for this debt? ☒ Husband ☐ Wife ☐ Both ☐ Other _____

Has this debt been turned over to a collection agency?

☒ Yes ☐ No

Name of collection agency or law firm convergent outsourcing, inc

Address 800 SW 39th st., suite #100/po box 9004

City renton

State wa

Zip 98057

Name of Creditor speedy cash

Address broad street

City richmond

State va

Zip 23219

Total amount you owe on this debt \$581.78 **Account Number** 0169-P-007033191

Month and year you originally obtained this debt or established credit _____

If this debt is for a credit card, what month and year did you last make a purchase? _____

What is this debt for? ☐ Medical ☐ Credit Card ☒ Loan ☐ Other _____

Who is financially responsible for this debt? ☒ Husband ☐ Wife ☐ Both ☐ Other _____

Has this debt been turned over to a collection agency?

☒ Yes ☐ No

Name of collection agency or law firm ad astra recovery services, inc

Address 7330 w. 33rd street n., suite 118

City Wichita

State KS

Zip 67205

DEBT SHEET (2 OF 5)

- COPY MORE PAGES IF YOU HAVE MORE THAN 30 TOTAL DEBTS
- LIST ALL DEBTS, NOT JUST DEBTS YOU WANT TO LIST...EVEN LOANS FROM RELATIVES

Name of Creditor Henrico Federal Credit Union

Address 9401 W. Broad Street

City Henrico

State VA

Zip 23294

Total amount you owe on this debt \$1108.46

Account Number

Month and year you originally obtained this debt or established credit 06/2016

If this debt is for a credit card, what month and year did you last make a purchase?

What is this debt for? ☐ Medical ☐ Credit Card ☐ Loan ☒ Other bank fees

Who is financially responsible for this debt? ☐ Husband ☐ Wife ☐ Both ☐ Other

Has this debt been turned over to a collection agency?

☒ Yes ☐ No

Name of collection agency or law firm Edward S. Whitlock, III/ Jennifer S. Wheeler

Address 10160 Staples Mill Road, Ste.105

City Glen Allen

State VA

Zip 23060

Name of Creditor Henrico County Circuit Court

Address 4309 E. Parham Rd

City Richmond

State VA

Zip 23228

Total amount you owe on this debt \$2674.27

Account Number file # 202001171

Month and year you originally obtained this debt or established credit

If this debt is for a credit card, what month and year did you last make a purchase?

What is this debt for? ☐ Medical ☐ Credit Card ☐ Loan ☒ Other unpaid fines and costs

Who is financially responsible for this debt? ☒ Husband ☐ Wife ☐ Both ☐ Other

Has this debt been turned over to a collection agency?

☒ Yes ☐ No

Name of collection agency or law firm Ballato Law Firm, PC

Address 3721 Westerre Parkway Suite A

City Richmond

State VA

Zip 23233

Name of Creditor CDS Tractor Trailer Training

Address 13101 Jefferson Davis Highway, Moyer Hall Office M219

City Chester

State VA

Zip 23831

Total amount you owe on this debt \$5132.20

Account Number V19-7758

Month and year you originally obtained this debt or established credit

If this debt is for a credit card, what month and year did you last make a purchase?

What is this debt for? ☐ Medical ☐ Credit Card ☐ Loan ☒ Other training

Who is financially responsible for this debt? ☒ Husband ☐ Wife ☐ Both ☐ Other

Has this debt been turned over to a collection agency?

☒ Yes ☐ No

Name of collection agency or law firm Joseph A.C. Synan

Address P.O. Box 7014

City Fredericksburg

State VA

Zip 22404

DEBT SHEET (3 OF 5)

- COPY MORE PAGES IF YOU HAVE MORE THAN 30 TOTAL DEBTS
- LIST ALL DEBTS, NOT JUST DEBTS YOU WANT TO LIST...EVEN LOANS FROM RELATIVES

Name of Creditor Commonwealth of Virginia

Address P.O Box 2402

City Richamond **State** VA **Zip** 23218

Total amount you owe on this debt \$1055.26 **Account Number** 07660823200

Month and year you originally obtained this debt or established credit January 21,2020

If this debt is for a credit card, what month and year did you last make a purchase? _____

What is this debt for? ☐ Medical ☐ Credit Card ☐ Loan ☒ Other Outstanding liabilities

Who is financially responsible for this debt? ☒ Husband ☐ Wife ☐ Both ☐ Other _____

Has this debt been turned over to a collection agency? ☒ Yes ☐ No

Name of collection agency or law firm Commonwealth of Virginia Court Debt Collections Office

Address P.O box 2402

City Richmond **State** VA **Zip** 23218

Name of Creditor Shippers' Choice of Virginia, Inc.-DBA American Credit Company

Address P.O. Box 12173

City Norfolk **State** VA **Zip** 23541

Total amount you owe on this debt \$5759.09 **Account Number** GV16022036-01

Month and year you originally obtained this debt or established credit November 2016

If this debt is for a credit card, what month and year did you last make a purchase? _____

What is this debt for? ☐ Medical ☐ Credit Card ☐ Loan ☒ Other truck driving school

Who is financially responsible for this debt? ☒ Husband ☐ Wife ☐ Both ☐ Other _____

Has this debt been turned over to a collection agency? ☒ Yes ☐ No

Name of collection agency or law firm Jormandy L.L.C.

Address 6363 Center Drive, building 6, Suite 203

City Norfolk **State** VA **Zip** 23502

Name of Creditor Commonwealth of Virginia

Address P.O. Box 2402

City Richmond **State** A **Zip** 23218

Total amount you owe on this debt \$667.77 **Account Number** 99999823200

Month and year you originally obtained this debt or established credit August 2019

If this debt is for a credit card, what month and year did you last make a purchase? _____

What is this debt for? ☐ Medical ☐ Credit Card ☐ Loan ☒ Other unpaid liabilities

Who is financially responsible for this debt? ☒ Husband ☐ Wife ☐ Both ☐ Other _____

Has this debt been turned over to a collection agency? ☒ Yes ☐ No

Name of collection agency or law firm Commonwealth of Virginia Court Debt Collections Office

Address P.O. Box 2402

City Richmond **State** VA **Zip** 23218

DEBT SHEET (4 OF 5)

- COPY MORE PAGES IF YOU HAVE MORE THAN 30 TOTAL DEBTS
- LIST ALL DEBTS, NOT JUST DEBTS YOU WANT TO LIST...EVEN LOANS FROM RELATIVES

Name of Creditor SYNCBUJewelry Custom

Address CIO P.O. Box 965036

City Orlando

State FL

Zip 32896

Total amount you owe on this debt \$6545.00

Account Number

Month and year you originally obtained this debt or established credit December 2017

If this debt is for a credit card, what month and year did you last make a purchase? December 2017

What is this debt for? ☐ Medical ☒ Credit Card ☐ Loan ☐ Other Jewelry

Who is financially responsible for this debt? ☒ Husband ☐ Wife ☐ Both ☐ Other

Has this debt been turned over to a collection agency?

☐ Yes ☒ No

Name of collection agency or law firm

Address

City

State

Zip

Name of Creditor Capital One Bank USA NA

Address P.O. Box 85015

City Richmond

State

Zip 23285

Total amount you owe on this debt \$1319.00

Account Number

Month and year you originally obtained this debt or established credit December 2013

If this debt is for a credit card, what month and year did you last make a purchase? October 2019

What is this debt for? ☐ Medical ☒ Credit Card ☐ Loan ☐ Other

Who is financially responsible for this debt? ☐ Husband ☐ Wife ☐ Both ☒ Other cousin

Has this debt been turned over to a collection agency?

☐ Yes ☒ No

Name of collection agency or law firm

Address

City

State

Zip

Name of Creditor Navy Federal Credit

Address One Security Place, P.O. Box 152643

City Merrifield

State VA

Zip 22119

Total amount you owe on this debt \$123.62

Account Number

Month and year you originally obtained this debt or established credit October 2019

If this debt is for a credit card, what month and year did you last make a purchase? March 2020

What is this debt for? ☐ Medical ☒ Credit Card ☐ Loan ☐ Other

Who is financially responsible for this debt? ☒ Husband ☐ Wife ☐ Both ☐ Other

Has this debt been turned over to a collection agency?

☐ Yes ☒ No

Name of collection agency or law firm

Address

City

State

Zip

DEBT SHEET (5 OF 5)

- COPY MORE PAGES IF YOU HAVE MORE THAN 30 TOTAL DEBTS
- LIST ALL DEBTS, NOT JUST DEBTS YOU WANT TO LIST...EVEN LOANS FROM RELATIVES

Name of Creditor Commonwealth of Virginia Child Support Enforcement

Address 730 E. Broad Street, room 423

City Richmond

State VA

Zip 23219

Total amount you owe on this debt \$26837.00

Account Number

Month and year you originally obtained this debt or established credit

If this debt is for a credit card, what month and year did you last make a purchase?

What is this debt for? ☐ Medical ☐ Credit Card ☐ Loan ☒ Other child support

Who is financially responsible for this debt? ☒ Husband ☐ Wife ☐ Both ☐ Other

Has this debt been turned over to a collection agency?

☐ Yes ☒ No

Name of collection agency or law firm

Address

City

State

Zip

Name of Creditor Credit One Bank N.A.

Address PO Box 1269

City Greenville

State SC

Zip 29602

Total amount you owe on this debt \$684.00

Account Number

Month and year you originally obtained this debt or established credit January 2018

If this debt is for a credit card, what month and year did you last make a purchase? January 2018

What is this debt for? ☐ Medical ☒ Credit Card ☐ Loan ☐ Other

Who is financially responsible for this debt? ☒ Husband ☐ Wife ☐ Both ☐ Other

Has this debt been turned over to a collection agency?

☐ Yes ☒ No

Name of collection agency or law firm ResurgentLVNV Funding

Address PO Box 98875

City Las Vegas

State NV

Zip 89193

Name of Creditor Charter Communications

Address PO Box 57547

City Jacksonville

State FL

Zip 32241

Total amount you owe on this debt \$744.00

Account Number

Month and year you originally obtained this debt or established credit 12/08/2017

If this debt is for a credit card, what month and year did you last make a purchase?

What is this debt for? ☐ Medical ☐ Credit Card ☐ Loan ☒ Other

Who is financially responsible for this debt? ☒ Husband ☐ Wife ☐ Both ☐ Other

Has this debt been turned over to a collection agency?

☒ Yes ☐ No

Name of collection agency or law firm Enhanced Recovery

Address 8014 Bayberry Road

City Jacksonville

State FL

Zip 32256

STATEMENT OF AFFAIRS (1 of 13)

The following pages contain extremely IMPORTANT QUESTIONS, many of which will be asked you again by the Trustee when you attend your first hearing. Please take your time and go through every question thoroughly and provide as much detail as possible to the questions you answer "yes" to.

List the names of ALL spouses (past and present) that you have been married to, as well as the dates you were married to each spouse:

Full Name First Selene Middle _____ Last Adams
Dates Married: From April 6, 2006 To July 15, 2019
Full Name First _____ Middle _____ Last _____
Dates Married: From _____ To _____
Full Name First _____ Middle _____ Last _____
Dates Married: From _____ To _____
Full Name First _____ Middle _____ Last _____
Dates Married: From _____ To _____

Have you ever provided a notice to any governmental unit of a

Release of Hazardous Materials?

☐ Yes ☒ No

If so, list the name and address of every site for which you have provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

Name/Address of Site _____
Governmental Unit Notice Sent To _____
Date Notice Sent to Governmental Unit _____

Do you share the ownership of any real property with another person, such as a co-tenancy or joint tenancy? (This does not apply to your spouse.)

☐ Yes ☒ No

Name of Person _____

Do you have a future interest in any real estate, such as putting money down on a property you have not purchased yet?

☐ Yes ☒ No

If yes, provide details _____

Do you own or are you buying a timeshare in a vacation property or resort?

☐ Yes ☒ No

If yes, provide details _____

Do you have a car, truck, motorcycle, boat or camper in your possession titled in someone else's name?

☒ Yes ☐ No

If yes, Year 2003 Make Jaguar Model Xtype

Who/s name is the vehicle titled in? Nicholas Brown

Address 949 Scott Street

City Norfolk State VA Zip 23502

What is this person's relationship to you? cousin

Why are you holding this property? car is not working

STATEMENT OF AFFAIRS (2 of 13)

Are you buying any of your furniture or appliances with installment payments?

☐ Yes ☐ No

Description of Item(s)

1. _____ Yard Sale Value \$ _____
2. _____ Yard Sale Value \$ _____
3. _____ Yard Sale Value \$ _____

Name of company you make installment payments to _____

*** MAKE CERTAIN TO LIST THESE DEBTS ON THE DEBT SHEETS ***

Are you renting-to-own any of your furniture or appliances?

☐ Yes ☐ No

Description of Item(s)

1. _____ Yard Sale Value \$ _____
2. _____ Yard Sale Value \$ _____
3. _____ Yard Sale Value \$ _____

Name of company you make installment payments to _____

*** MAKE CERTAIN TO LIST THESE DEBTS ON THE DEBT SHEETS ***

Have you gone to a loan company or bank and listed any of your furniture, appliances or personal possessions as security, at the time you obtained the loan?

☐ Yes ☐ No

Description of Item(s)

1. _____ Yard Sale Value \$ _____
2. _____ Yard Sale Value \$ _____
3. _____ Yard Sale Value \$ _____

Name of company you make installment payments to _____

*** MAKE CERTAIN TO LIST THESE DEBTS ON THE DEBT SHEETS ***

Do you own or are you buying any tools or equipment that you use for your work?

☐ Yes ☐ No

Description of Item(s)

1. _____ Yard Sale Value \$ _____
2. _____ Yard Sale Value \$ _____
3. _____ Yard Sale Value \$ _____

Name of company you make installment payments to _____

*** MAKE CERTAIN TO LIST THESE DEBTS ON THE DEBT SHEETS ***

Do you have any inventory (stock in trade) that could be sold for \$200 or more in profit?

☐ Yes ☐ No

Description of Item(s)

1. _____ Yard Sale Value \$ _____
2. _____ Yard Sale Value \$ _____
3. _____ Yard Sale Value \$ _____

Name of company you make installment payments to _____

*** MAKE CERTAIN TO LIST THESE DEBTS ON THE DEBT SHEETS ***

STATEMENT OF AFFAIRS (3 of 13)

Are you buying any jewelry with installment payments?

☐ Yes ☐ No

Description of Item(s) AND Name and Mailing Address of Creditor

1. _____ Yard Sale Value \$ _____
2. _____ Yard Sale Value \$ _____
3. _____ Yard Sale Value \$ _____

Name and mailing address of company you make payments to _____

Monthly Payments: \$ _____

Are the payments current? ☐ Yes ☐ No If not, how many months are behind? _____

*** MAKE CERTAIN TO LIST THESE DEBTS ON THE DEBT SHEETS ***

Do you have any animals, livestock or pets you could sell for \$200 or more?

☐ Yes ☐ No

Description of Animal(s) _____

Value of the animals if you had to sell them _____

Have you closed ANY checking, savings, or other ANY other type of financial account(s) (e.g., PayPal) within the past 12 months?

☐ Yes ☐ No

Name of Bank where account was closed _____

Address of Branch _____

City _____ State _____ Zip _____

Type of Account: ☒ Checking ☐ Savings ☐ 401k ☐ Other (list type) _____

Name(s) on Account _____

Account Number _____ Date Closed _____ Name on Account _____

Did you owe a balance when you closed this account? ☐ Yes ☐ No Balance Owed \$ _____

If you did not owe a balance when you closed this account, how much money did you receive? \$ _____

Name of Bank where account was closed _____

Address of Branch _____

City _____ State _____ Zip _____

Type of Account: ☐ Checking ☒ Savings ☐ 401k ☐ Other (list type) _____

Name(s) on Account _____

Account Number _____ Date Closed _____ Name on Account _____

Did you owe a balance when you closed this account? ☐ Yes ☒ No Balance Owed \$ _____

If you did not owe a balance when you closed this account, how much money did you receive? \$ _____

Name of Bank where account was closed _____

Address of Branch _____

City _____ State _____ Zip _____

Type of Account: ☐ Checking ☐ Savings ☐ 401k ☐ Other (list type) _____

Name(s) on Account _____

Account Number _____ Date Closed _____ Name on Account _____

Did you owe a balance when you closed this account? ☐ Yes ☐ No Balance Owed \$ _____

If you did not owe a balance when you closed this account, how much money did you receive? \$ _____

STATEMENT OF AFFAIRS (4 of 13)

Have you closed ANY checking, savings, or other ANY other type of financial account(s) (e.g., PayPal) within the past two (2) years? CONTINUED

☐ Yes ☐ No

Name of Bank where account was closed _____

Address of Branch _____

City _____ State _____ Zip _____

Type of Account: ☐ Checking ☐ Savings ☐ 401k ☐ Other (list type) _____

Name(s) on Account _____

Account Number _____ Date Closed _____ Name on Account _____

Did you owe a balance when you closed this account? ☐ Yes ☐ No Balance Owed \$ _____

If you did not owe a balance when you closed this account, how much money did you receive? \$ _____

Name of Bank where account was closed _____

Address of Branch _____

City _____ State _____ Zip _____

Type of Account: ☐ Checking ☐ Savings ☐ 401k ☐ Other (list type) _____

Name(s) on Account _____

Account Number _____ Date Closed _____ Name on Account _____

Did you owe a balance when you closed this account? ☐ Yes ☐ No Balance Owed \$ _____

If you did not owe a balance when you closed this account, how much money did you receive? \$ _____

Name of Bank where account was closed _____

Address of Branch _____

City _____ State _____ Zip _____

Type of Account: ☐ Checking ☐ Savings ☐ 401k ☐ Other (list type) _____

Name(s) on Account _____

Account Number _____ Date Closed _____ Name on Account _____

Did you owe a balance when you closed this account? ☐ Yes ☐ No Balance Owed \$ _____

If you did not owe a balance when you closed this account, how much money did you receive? \$ _____

Name of Bank where account was closed _____

Address of Branch _____

City _____ State _____ Zip _____

Type of Account: ☐ Checking ☐ Savings ☐ 401k ☐ Other (list type) _____

Name(s) on Account _____

Account Number _____ Date Closed _____ Name on Account _____

Did you owe a balance when you closed this account? ☐ Yes ☐ No Balance Owed \$ _____

If you did not owe a balance when you closed this account, how much money did you receive? \$ _____

STATEMENT OF AFFAIRS (5 of 13)

Do you or have you rented a safe deposit box during the past two (2) years?

☐ Yes ☒ No

Name of financial institution _____

Address of financial institution _____

City _____ State _____ Zip _____

What are the contents of the safe deposit box? _____

What monthly amount do you pay for rental of this deposit box? (divide annual fee by 12 months) \$ _____

If you no longer have the safe deposit box, what date/year did you surrender it? _____

If you transferred the safe deposit box, who did you transfer it to? _____

Do you have a Christmas Club Account or any other special purpose accounts?

☐ Yes ☒ No

Name of financial institution _____

Address of financial institution _____

City _____ State _____ Zip _____

Type of Account _____ Account Number _____

Name(s) on Account _____ Current Balance \$ _____

Do you currently have any security deposits being held by a utility company?

☐ Yes ☒ No

If yes, what is the amount? \$ _____ Name of Utility Company _____

Address of utility company _____

City _____ State TN Zip _____

Account Number _____ Current Balance \$ _____

**** Remember to include any past-due utility bills that you owe from previous addresses on the Debt Sheets**

Do you have any life insurance?

☐ Yes ☒ No

Name of insurance company _____

Address of insurance company _____

City _____ State _____ Zip _____

If a "whole life" or "universal life" policy, what is the current cash value? \$ _____

If your life insurance is only payable upon death, what is the face value of the policy? \$ _____

Who is the beneficiary? _____ Relationship _____

**** If you have other life insurance policies, please copy this page and fill in the information for each policy.**

Do you or your spouse participate in a retirement, 401k or pension plan?

☒ Yes ☐ No

Type of pension plan (i.e., 401-K, PERS, etc.) 401k

Name of pension company _____

Address of pension company _____

City _____ State _____ Zip _____

When did you first enroll in this plan? _____ Current cash value \$ 1415.03

**** If you have other pension plans, please copy this page and fill in the information for each policy.**

STATEMENT OF AFFAIRS (6 of 13)

Have you setup your own separate retirement not provided by employer?

☐ Yes ☒ No

Name of financial institution (if applicable) _____

Address of financial institution _____

City _____ State _____ Zip _____

Amount in this separate retirement account? \$ _____ Who is the beneficiary? _____

Will you be receiving retirement benefits from a former employer within the next six months? ☐ Yes ☒ No

Date you expect to start receiving retirement benefits _____

Do you have any stocks, bonds (including savings bonds) or mutual funds?

☐ Yes ☒ No

Type of bond, stock, mutual fund _____

Does this bond, stock or mutual fund have a cash value? ☐ Yes ☒ No Cash value \$ _____

Do you have a cell phone?

☒ Yes ☐ No

Name of cell phone company Sprint

Address of cell phone company _____

Account Number _____ Date contract began _____

Is this a month-to-month contract? ☐ Yes ☒ No

If not, what is the length of the contract? ☒ 1 Year ☐ 2 Years ☐ 3 Years Date contract began _____

What is the normal monthly contract payment? \$183.50

Do you wish to keep the cell phone and continue paying the monthly contract? ☐ Yes ☒ No

**** If you have other cell phones, please copy this page and fill in the information for each phone.**

Do you live with a roommate/relative that pays part of your expenses?

☐ Yes ☒ No

Name of roommate or relative _____ Relationship? _____

What expenses do they pay? _____

What is the total amount they contribute on a monthly basis to your living expenses? \$ _____

How long have they been paying this amount? From _____ To _____

Do relatives or other parties help to pay part or all of your monthly expenses?

☐ Yes ☒ No

Name of relatives providing additional support _____

Relationship of this relative to you _____

What is the total amount they contribute on a monthly basis to your living expenses? \$ _____

How long have they been paying this amount? From _____ To _____

STATEMENT OF AFFAIRS (7 of 13)

Are you currently attending college?

☐ Yes ☒ No

Name of college _____

Anticipated graduation date _____ Major of Study _____

Do you have a student loan?

☐ Yes ☒ No

Name of institution you will make payments to _____

Address _____

City _____ State _____ Zip _____

Date student loan first obtained? _____ Date payment is/was to begin _____

Total amount to pay off student loan \$ _____ Average monthly payment \$ _____

Do you currently owe any fines? (includes parking tickets, moving violations, etc.)

☐ Yes ☒ No

Name of court you owe fines to _____

Address _____

City _____ State _____ Zip _____

Date of occurrence _____ Amount owed \$ _____

Case number assigned by court _____ Name of party ☐ Husband ☐ Wife ☐ Other

If you pay child support, are you currently behind in any payments?

☐ Yes ☒ No

Name of person/agency you pay child support to _____

Address _____

City _____ State _____ Zip _____

What is the total amount you owe in back child support? _____

What date (or year) were you supposed to start paying child support? _____

What are the payment arrangements? _____

Even if you never expect to collect any money,

does an ex-spouse owe you money for alimony or child support?

☐ Yes ☒ No

Name of ex-spouse _____

Address of ex-spouse _____

City _____ State _____ Zip _____

Total amount he/she owes you \$ _____ Date he/she originally started owing you _____

Has this ex-spouse been court ordered to pay you? ☐ Yes ☒ No Year of court order? _____

STATEMENT OF AFFAIRS (8 of 13)

Over the last year, have you, your children or your spouse been involved in an accident where someone was hurt, for example, a car accident?

☐ Yes ☒ No

Date accident occurred _____ Who was at fault? _____

Who was involved in the accident? _____

Was any insurance money received? ☐ Yes ☒ No If yes, how much? \$ _____

During the next six (6) months, do you expect to inherit anything?

☐ Yes ☒ No

How much do you expect to inherit? \$ _____ Date expected _____

Reasons for inheritance _____

During the next six (6) months, do you expect to recover on anyone's life insurance policy?

☐ Yes ☒ No

How much do you expect to receive? \$ _____ Date expected _____

Reasons for receiving this money _____

Do you expect to receive any money from any insurance claim, for any reason, during the next six (6) months?

☐ Yes ☒ No

How much do you expect to receive? \$ _____ Date expected _____

Reasons for receiving this money _____

Are you the beneficiary of a trust fund?

☐ Yes ☒ No

What is the amount of the trust fund? \$ _____ Name of trust fund owner _____

Relationship to you _____ When will you have access to this trust fund? _____

Are you owed any back wages, commissions, or vacation pay from your current or previous employer?

☐ Yes ☒ No

Employer Name _____

Amount expected to receive \$ _____ Date expected _____

** Provide details about this amount owed you. (Feel free to use the back of this page if necessary)

Is any of your property in the hands of a repairman, storage company or pawnbroker?

☐ Yes ☒ No

Name of Place Holding Your Property _____

Address _____

City _____ State _____ Zip _____

Description of Items and Yard Sale value:

- | | |
|----------|--------------------------|
| 1. _____ | Yard Sale Value \$ _____ |
| 2. _____ | Yard Sale Value \$ _____ |
| 3. _____ | Yard Sale Value \$ _____ |

What is the total amount you need to pay in order to get these items released? _____

STATEMENT OF AFFAIRS (9 of 13)

In the near future, do you expect to settle, win or begin a case for personal injury? ☐ Yes ☐ No

How much do you expect to receive? \$_____ Date you expect to receive this money? _____

Provide details about this personal injury claim _____

Name of attorney or law firm handling this claim? _____

In the near future, do you expect to enter into any property settlement with a former spouse? ☐ Yes ☐ No

List all items you expect to receive or turn over in the property settlement (including cash) _____

What is the total market value (Yard Sale value) of these items? _____

When do you expect to receive this money or property? or _____

When do you expect to turn over this cash or property? _____

Does anyone owe you any money for a judgment you have obtained against them? ☐ Yes ☐ No

Name of party you filed a lawsuit on _____

Address _____

City _____ State _____ Zip _____

Date you filed this lawsuit? _____ Money amount awarded you in judgment \$ _____

Even if you never expect to collect, does anyone owe you any money for any reason whatsoever?

☐ Yes ☐ No

Name of person who owes you money _____

Address _____

City _____ State _____ Zip _____

Explain why they owe you money _____

Amount they owe you \$ _____ Date they originally started owing you _____

Have you made any payments on your loans or bills other than ordinary payments? In other words, have you made catch-up payments, paid off, or borrowed money to pay on or off bills or loans? ☐ Yes ☐ No

Name of creditor you paid _____

Date Paid _____ Amount Paid \$ _____ Current Balance Due \$ _____

Name of creditor you paid _____

Date Paid _____ Amount Paid \$ _____ Current Balance Due \$ _____

STATEMENT OF AFFAIRS (10 of 13)

Are there any lawsuits pending against you now?

☐ Yes ☒ No

Name of party suing you (Plaintiff)? _____

Case Number _____ Date Lawsuit Filed _____

Type of Lawsuit From Court Pleading (Complaint, Summons, etc.) _____

Attorney for the Plaintiff (found on court pleading) _____

Address _____

City _____ State _____ Zip _____

Court when lawsuit was filed (at the top of the pleading) _____

Address _____

City _____ State _____ Zip _____

**** If lawsuit is LESS THAN 1 YEAR OLD, please make a copy and include with these forms**

Have your wages or property been garnished or attached?

☒ Yes ☐ No

Who garnished your wages or attached your property? Jormandy LLC, Diane J. Manning, Esq. _____

When item did they repossess? (If car, provide the year, make, model) _____

How much money do they take from your paycheck? \$250.00 How often is this deducted? weekly _____

Have you returned any property to creditors or was any of your property repossessed from you, sold at foreclosure, transferred through a deed or returned to a seller?

☐ Yes ☒ No

What property did you turn over to a receiver? _____

When and where did this take place (month AND year)? _____

Name and Address of Creditor _____

Value of Property \$ _____

Is any of your property in receivership or other legal custody?

☐ Yes ☒ No

When did you file your receivership? _____

In what court was this done? _____

Have you made any gifts to friends or relatives?

☐ Yes ☒ No

What gifts or transfers have you made? _____

Who did you give the gift to? _____

What date/year did you make the gift? _____ What is the approximate value? \$ _____

Have you transferred any money or property to family members or friends or paid them any money on debts you might owe them?

☐ Yes ☒ No

Type of property transferred _____

What date/year was it transferred? _____ What is the approximate value? \$ _____

STATEMENT OF AFFAIRS (11 of 13)

Have you had any unusual losses, such as fire, theft, gambling or otherwise?

☐ Yes ☐ No

Type of loss? ☐ Fire ☐ Theft ☐ Gambling ☐ Other _____

What item(s) or amount of money was lost? _____

What date/year was it lost? _____ Amount insurance paid? \$ _____

Have you had any losses covered by insurance?

☐ Yes ☐ No

Describe loss _____

Date/year of loss _____ Amount insurance paid? \$ _____

Have you consulted with any other attorney about your financial affairs or paid money to a debt counseling service?

☐ Yes ☐ No

Name of attorney or service _____

Address _____

City _____ State _____ Zip _____

Consultation Date _____ Total paid for service \$ _____

Have you filed any bankruptcy within the last eight (8) years?

☐ Yes ☐ No

Did you file a Chapter 7, Chapter 13, or a Chapter 11? _____

Date your bankruptcy was filed? _____ City, State filed? _____

Name(s) of persons who filed? _____

Was the case discharged? ☐ Yes ☐ No Case Number _____

Is anyone holding any property that belongs to you?

☐ Yes ☐ No

Item(s) in someone else's possession that belong to you? _____

Name of person holding these items _____

Address _____

City _____ State _____ Zip _____

Beside your current address, have you lived at any other addresses within the past three (3) years?

☐ Yes ☐ No

Previous Address lived at _____

City _____ State _____ Zip _____

Time period lived at this address: From (date/year) _____ To (date/year) _____

Name(s) of parties who lived at this address _____

Previous Address lived at _____

City _____ State _____ Zip _____

Time period lived at this address: From (date/year) _____ To (date/year) _____

Name(s) of parties who lived at this address _____

STATEMENT OF AFFAIRS (12 of 13)

Previous Addresses lived at (last three years) _____
City _____ State _____ Zip _____
Time period lived at this address: From (date/year) _____ To (date/year) _____
Name(s) of parties who lived at this address _____

Previous Addresses lived at (last three years) _____
City _____ State _____ Zip _____
Time period lived at this address: From (date/year) _____ To (date/year) _____
Name(s) of parties who lived at this address _____

Previous Addresses lived at (last three years) _____
City _____ State _____ Zip _____
Time period lived at this address: From (date/year) _____ To (date/year) _____
Name(s) of parties who lived at this address _____

Previous Addresses lived at (last three years) _____
City _____ State _____ Zip _____
Time period lived at this address: From (date/year) _____ To (date/year) _____
Name(s) of parties who lived at this address _____

What is the amount of the TAX REFUND you received this year? \$ _____

☐ I did not file taxes ☐ I had to pay taxes and did not receive a refund

During the past two (2) years, have either you or your spouse had any other income source outside normal pay from your employer? (includes ebay, website, flea market dealers, etc.) ☐ Yes ☒ No

Have you been self-employed or had any financial interest in any business (or been involved in a partnership with someone who owned a business within the past eight (8) years? ☒ Yes ☐ No

Name of business A1 Concrete and Waterproofing

Business Address 1917 Glenwilton Dr., Richmond, VA 23223

Employer Identification Number (EIN) of business (or Social Security Number if no EIN) 82-1354038

Type of business (what type of products were/are sold)? concrete construction

Date business began June 2016 Date business ended (if still operating, list "Present") September 2017

What were your net profits for this year? \$ 0 Last Year? \$ 0 2 Years ago \$ 0

How much income tax do you pay from the income you make with your business? \$ 0

Income this year \$ 0 Last year \$ 0 2 Yrs Ago \$ 0

STATEMENT OF AFFAIRS (13 of 13)

Bookkeepers and accountants within two (2) years prior this filing n/a

Firms or individuals who have audited the books within two (2) years prior to this filing n/a

Firms or individuals possessing books of account and records at the time of this filing n/a

List financial institutions, creditors and other parties a financial statement was issued two (2) years prior to this filing
n/a

Dates of the last two inventories taken, name of supervisor, value of inventory, and names of persons with records
n/a

If a partnership, list the nature and percentage of partnership interest of each member of the partnership
n/a

If a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting securities of the corporation
n/a

If a partnership, list each member who withdrew from the partnership within one year immediately preceding the commencement of this case
n/a

If a corporation, list all officers or directors whose relationship with the corporation terminated within one year immediately preceding the commencement of this case
n/a

If a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during one year immediately preceding the commencement of this case
n/a

If a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during one year immediately preceding the commencement of this case
n/a

If a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within the six-year period immediately preceding the commencement of the case
n/a

If filer is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within the six-year period immediately preceding the commencement of the case
n/a

By signing below, I state that all the information provided in these Client Intake Forms are true, accurate and complete to the best of my (our) knowledge.

Signature of Debtor #1

Signature of Debtor #2

Date _____

Date _____